

STATE OF COLORADO

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.
Denver, Colorado 80246-1530
Phone (303) 692-2000
TDD Line (303) 691-7700
Located in Glendale, Colorado

Laboratory Services Division
8100 Lowry Blvd.
Denver, Colorado 80230-6928
(303) 692-3090

<http://www.cdphe.state.co.us>



Colorado Department
of Public Health
and Environment

DIVISION TRACKING INFORMATION

Date received _____

Data entered _____

PERMIT APPLICATION SUPPLEMENT FORM

Please print or type all information. All items must be filled out completely and correctly.
This form should accompany the all changes for an application that are submitted to the Division.

Colorado Dept of Public Health and Environment

Water Quality Control Division

4300 Cherry Creek Dr South WQCD-P-B2

Denver, CO 80246-1530

**MAIL ORIGINAL FORM WITH INK SIGNATURES TO THE FOLLOWING ADDRESS:
FAXED or EMAILED FORMS WILL NOT BE ACCEPTED.**

- **PART A. IDENTIFICATION OF PERMIT** Please write the permit number

PERMIT NUMBER _____

- **PART B. PERMITEE INFORMATION** (form should be signed by the legal contact listed here)

Company Name _____

Mailing Address _____

City _____ State _____ Zipcode _____

Legal Contact Name _____ Phone Number _____

Title _____ Email _____

- **PART C. FACILITY/PROJECT INFORMATION**

Facility/Project Name _____

Location (address) _____

City _____ County _____

Local Contact Name _____ Phone Number _____

Title _____ Email _____

• **PART D. DESCRIPTION INFORMATION INCLUDED (a summary of information attached)**

• **PART E. CERTIFICATION Required Signatures**

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment.

"I understand that submittal of this application is for coverage under the State of Colorado Discharge Permit System until such time as the application is amended or the certification is transferred, inactivated, or expired."

Signature of **Legally Responsible Party**

Date Signed

Name (printed)

Title